

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **09/733,611**
APPLICANT(S)

FILING DATE

5-10-04							CLAIMS						
REFUSED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			5-10-04						
IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/						51	/					
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19	/						69						
20	/						70						
21	/						71						
22	/						72						
23	/						73						
24	/						74						
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32	/						82						
33	/						83						
34	/						84						
35	/						85						
36	/						86						
37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	35					
TOTAL CLAIMS							TOTAL CLAIMS	38					